

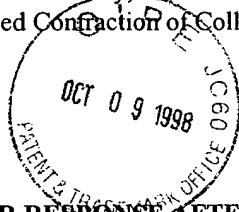
AF # 10/13/98
 er's Docket No. 17616-705
 #11

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Sharkey, Hugh; Fanton, Gary
 Serial No.: 08/714,987 Group No.: 3736
 Filed: 09/17/1996 Examiner: Shay, D.
 For: Method and Apparatus for Controlled Contraction of Collagen Tissue

I hereby certify that this correspondence is being deposited with
 the United States Postal Service as first class mail in an envelope
 addressed to: Assistant Commissioner for Patents, Washington,
 D.C. 20231, on October 13, 1998
Sedaghi Mousavi
 Signature
10/13/98
 Date

Box AF
 Assistant Commissioner for Patents
 Washington, D.C. 20231



AMENDMENT OR RESPONSE AFTER FINAL REJECTION—TRANSMITTAL
RECEIVED
OCT 15 1998
Group 3700

- Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

STATUS

- Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:
 Fee: \$55.00

FEE FOR CLAIMS

- The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	29	Minus	44	= 0	x \$11 =	\$0
Indep.	2	Minus	3	= 0	x \$41 =	\$0
First Presentation of Multiple Dependent Claim					+ \$135 =	\$0
Total Addit. Fee						\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE PAYMENT

- Charge Account No. 23-2415 the sum of \$55.00. A duplicate of this transmittal is attached.

FEE DEFICIENCY

- If any additional extension and/or fee is required, charge Account No. 23-2415. If any additional fee for claims is required, charge Account No. 23-2415.

Date: 10/1/98

WILSON SONSINI GOODRICH & ROBERTS
Paul Davis
 Paul Davis, Reg. No. 29,294

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